


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	2051/00002
	First Named Inventor or Application Identifier	Donald France et al.
	Title	METHOD OF FACILITATING PARTICIPATION IN LOTTERIES
	Express Mail Label No.	

APPLICATION ELEMENTS	ADDRESS TO: Commissioner for Patents Box Applications Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Filing fee as calculated below. 2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages [21]] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages [5]] 5. Oath or Declaration [Total Pages [2]] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment papers (cover sheet & document(s)) SEE NEXT PAGE FOR ASSIGNEE INFORMATION 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other:	

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____
 Prior application information: Examiner _____ Group/Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS						
<input type="checkbox"/> Customer Number or Bar Code Label					or <input type="checkbox"/> correspondence address below	
NAME	Connolly Bove Lodge & Hutz LLP					
ADDRESS	Suite 800 1990 M Street, N.W.					
CITY	Washington	STATE	DC	ZIP CODE	20036-3425	
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229	

Fee Calculation and Transmittal

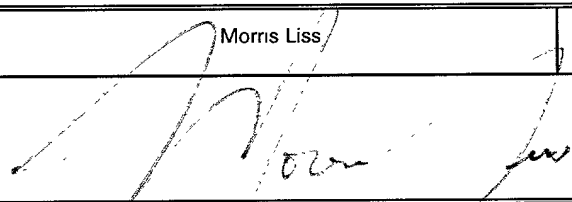
	(Col 1)		(Col 2)	(Col 3)	SMALL ENTITY		OR	NON-SMALL ENTITY	
	NO. FILED			NO. EXTRA	RATE	FEE		RATE	FEE
TOTAL	12	minus	20	= 0	x9=	\$0		x18=	\$
INDEP	4	minus	3	= 1	x40=	\$40		x80=	\$
_ First Presentation, Multiple Dependent Claims					+135=	\$0		+270=	\$
Base Filing Fee						\$355			\$710
Other Fee (specify purpose) <u>Assignment recordation</u>						\$40			\$
TOTAL FILING FEE* (accounting for possible small entity status)						\$435	OR	TOTAL	\$

- ☐ A check in the amount of \$ __ to cover the filing fee is enclosed
- ☐ No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **22-0185** as described below. A duplicate copy of this sheet is enclosed.

- ☒ Charge the amount of \$435.00 as filing fee and **Assignment recordation fee**.
- ☐ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 CFR § 1.16
- ☒ Charge any additional filing fees required under 37 CFR § 1.17
- ☒ If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. **22-0185**.

Assignee Name and address:

U-PickIt.com, Inc.
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Bear, DE 19701

Name (Print/Type)	Morris Liss	Registration No. (Attorney/Agent)	24,510
Signature		Date	7/26/01